
Setting Standards for Care

From early diagnosis and treatment to equity in clinical trials, Sharon Brangman, MD '81, has led efforts to help aging patients and families navigate dementia at Upstate and beyond.

Sharon Brangman, MD '81, was at an international Alzheimer's conference listening to a presentation about promising findings from a recent clinical trial about a new drug to remove amyloid plaques from the brain. But it was difficult to feel excited. When she looked at the research pool, she saw that most of the subjects studied in the international trial were white males; the trial included only 19 Blacks and a small number of Asians.

"That is completely unacceptable when Alzheimer's disease has a significant impact on African Americans and Latinos, but they are not represented in the clinical trials," says Dr. Brangman, Distinguished Service Professor, and chair of the Department of Geriatrics at Upstate.

But it's not unusual. According to a 2022 report, the National Academies of Science, Engineering and Medicine acknowledges lack of representation in clinical trials as a contributing factor in health disparities in the United States. While gender representation has improved over

the last decade, participation of Blacks, Latinos, Asians and other ethnic groups in clinical research and trials remains low, undermining knowledge about the efficacy of new treatments and medications on those populations.

Brangman's frustration led to action. Together with a colleague at the Icahn School of Medicine at Mount Sinai, she wrote a grant proposal to fund a program to increase diversity in clinical trials at Upstate's Center of Excellence for Alzheimer's Disease (CEAD), which she directs.

That \$372,000 grant from the National Institute of Aging funded Upstate's Equity Research Core (ERC). Housed in the Department of Geriatrics, the unit was created in 2022 to develop a community-based program to increase diversity in Alzheimer's drug trials at Upstate.

"Our goal was to create community outreach to develop trusting relationships with people so that they are open to the idea of participating in research," says Brangman.

Not only was that program successful—achieving 25 percent Black participation in



Dr. Brangman with
Kathy Royal, community
research liaison, and
Colleen Dillenbeck,
manager of clinical trials,
at the Department of
Geriatrics



Dr. Brangman speaks at a press conference announcing the grant that supported creation of the Equity Research Core.

several trials—the program is now self-sustaining, having branched out to replicate its diverse recruitment efforts in trials for other institutions and pharmaceutical companies nationwide.

“We are working hard to try to crack this horrible disease,” says Brangman. “Science has done a lot with the heart and other parts of the body, and the brain is the final frontier. It is going to be hard to find one thing that makes this disease better. We are starting to learn it is going to be a layered process.”

A Focus on Older Adults

Brangman discovered her interest in working with older adults by accident early in her career. As a young internist working in the South Bronx to pay off her National Health Service Corps obligation, she observed that her younger patients were often “looking for a doctor’s note to stay home,” while her older patients wanted to do whatever they could to stay active and independent, even though many of them had serious health issues.

“I was drawn to these older people who had so many illnesses but still wanted to do things for themselves,” she says.

Brangman applied for a fellowship program in geriatric medicine at Montefiore Medical Center that was only in its second year. When she joined the Upstate Department of Medicine a few years later, in 1989, the field of geriatrics was still in its infancy and faced resistance from general practitioners who felt they already took good care of older adults.

But Brangman was undeterred. She knew she could

make a difference in the way older adults received medical care, which often involves managing multiple medical concerns and multiple medications as well as social issues, such as the ability to maintain independence and stay in one’s home for as long as possible. “I was able to work hard and create a lot of the pieces that are here today,” she says.

That’s an understatement. Over the last 35 years, Brangman has nearly single-handedly built the world-class geriatric care offered at Upstate Medical University—taking geriatric medicine from a division within the Department of Medicine to its own robust department (she’s the founding chair); founding and directing the Geriatric Medicine Fellowship Program; and establishing and growing the Central New York Alzheimer’s Disease Assistance Center to its designation as a New York State CEAD.

At the same time, she’s established herself as one of the nation’s leading geriatricians and advocates for senior citizen health, serving as president of the American Geriatrics Society from 2010–11 and chair of its board from 2011–12. She is currently a trustee of the McKnight Brain Research Foundation, the nation’s only private foundation dedicated exclusively to solving the mysteries of the aging brain and helping people achieve a lifetime of cognitive health.

Brangman’s interest in helping older patients led her naturally to study the diseases primarily associated with aging: Alzheimer’s and other forms of dementia. That work received a boost in 2015 when the New York State Department of Health designated Upstate Medical



Dr. Brangman with members of the Nappi family at the opening of the Nappi Wellness Center

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University as a CEAD, which came with \$2.35 million in initial state funding to expand its efforts.

Brangman says the CEAD designation has allowed Upstate to set standards for care. “We are the only center in the region that offers this sort of comprehensive evaluation, management, treatment and caregiver support for Alzheimer’s disease and other dementias, including Lewy body dementia, frontal temporal dementia, vascular dementia, and Parkinson’s disease,” she says.

A second boost came two years later when Upstate received an \$8-million gift from Sam and Carol Nappi to fund the Nappi Wellness Institute, with part of that funding earmarked toward Alzheimer’s and brain research in thanks for care the Department of Geriatrics had given to family members through the years. In 2017, the Upstate CEAD launched an Alzheimer’s clinical research program. “Prior to this, people had to travel to Boston or New York City to participate in clinical trials, which is a big stressor if you’re already dealing with dementia,” says Brangman. “We’re now able to offer people in our area the opportunity to participate in clinical trials for cutting-edge novel medications that are in the pipeline.”

As of March 2024, the CEAD had six active trials and four more upcoming, all in partnership with either pharmaceutical companies, the National Institute of Health, or both. “There are many patients who want to contribute to new discovery,” says Brangman. “They almost universally say that they want to make an impact on this disease so that their grandkids don’t have to suffer with it.”

While there is no cure for Alzheimer’s, many drugs under study are believed to slow progression of the disease and offer patients an opportunity to get the benefits of a medicine that will be approved in a few years sooner rather than later.

“Patients join these studies and give their time knowing that it may not help them or their loved one, but that it may help someone in the future with this devastating disease,” says Colleen Dillenbeck, manager of clinical trials. “They are helping us find better treatments and hopefully someday a cure.”

Equity in Research

But simply filling the trials isn’t enough. Diversity in clinical research is crucial. If drug trials only include participants from a narrow demographic group, the results may not accurately represent the broader population.

In 2022, the FDA laid out new requirements for diversity recruitment plans in clinical trials for any new drugs or devices requiring the agency’s approval.

But the Department of Geriatrics was ahead of the game. Due to Brangman’s initiative, the ERC was established specifically to address the systemic gap in medical research. Part of that mission is to understand potential barriers to the recruitment and retention of diverse populations in research and to develop strategies to overcome those barriers.

Brangman recruited Kathy Royal, MS, to take on the role of community research liaison. Royal, who has decades of human services experience and



Nurse practitioner Alyssa Grzeskowiak with Dr. Brangman

deep ties to Syracuse community organizations, serves as a bridge between medical researchers and the community members who might benefit from that research, working to dispel long-held mistrust of medical research based on historical abuses.

“My job is to go into the black and brown community—my community—to educate and motivate community members about the importance of participating in research because we are needed to make sure medications are made using our input,” Royal says.

The second aspect of the ERC is the Community Research Recruitment Accelerator (CRRRA), a multi-stakeholder panel that includes Upstate clinicians and researchers and community organization leaders who serve as community advocates. The CRRRA works in an ongoing advisory capacity to researchers on effective methods for recruiting and retaining diverse participants in specific studies.

Their expertise is not limited to Alzheimer’s research. “We offer our services to any department at Upstate conducting clinical trials and also work with other institutions and pharmaceutical companies who want help diversifying their trials,” says Sarah McNamara, certified project manager in the Department of Geriatrics. “Most organizations reach out to us in the grant stage when they’re writing about their research methods and diversity plan and looking for guidance in relation to the new FDA guidelines. We also help with communication and marketing to help recruit diverse participation.”

In addition to medical research, ERC has worked with researchers at Syracuse University to improve diverse recruitment and prevention protocols in their grant applications. Royal’s work helped researchers at Cornell significantly increase the diversity in one of their projects and her role has been replicated by a research group in Pennsylvania.

Brangman has published on the ERC’s methodology and successes in the *Journal of the American Geriatrics Society* and presented about it at national meetings, drawing interest in the model.

“Everybody recognizes that most drugs developed in this country are produced using clinical trials that are not inclusive,” says McNamara. “We’ve become a national resource that just happens to live at Upstate Geriatrics.”

A Wide Umbrella of Care

Brangman wants to make sure the CEAD is a resource for the entire region it serves.

“Part of what we do is help people differentiate normal aging from what might be the signs of a disease process. If it is signs of a disease process, we can determine steps to intervene to maybe slow it down or just to

help that person have the highest quality of life for as long as possible,” she says.

In collaboration with Syracuse University, the Department of Geriatrics recently completed a one-year pilot project to evaluate the effectiveness of a community-based approach to screening older adults for cognitive impairment. The project integrated a cognitive screening tool—the Mini Cog—into the regular home visits of a Neighborhood Advisor with adults aged 65 and older in Syracuse neighborhoods with high concentrations of poverty and high proportions of older adults. The Mini-Cog is a simple five-minute assessment validated to increase the detection of cognitive issues.

“We have been very excited about this project as it gave us the opportunity to identify those who may have an early dementia in the community before they are in a crisis situation,” says Brangman. “Early identification of a serious memory problem allows us to develop a care plan to help the older adult remain independent and enjoy a high quality of life for as long as possible.”

Now, Brangman is expanding that program into rural areas of the CEAD’s coverage area. “Many of the patients in these rural areas don’t have the same access to care—a lot of smaller hospitals have closed or there’s no MRI machine,” she says.

In March, the Department of Geriatrics was awarded \$295,000 from the New York State Health Foundation and the Health Foundation of Western and Central NY to embed early screening detection of cognitive impairment like Alzheimer’s and other dementias into New York State Offices for Aging/Aging Services System. This two-year project will expand a model for comprehensive screenings and referrals into seven counties throughout Central New York. “What we’ve found is that many people working with older adults see these problems, but they don’t know what to do as a next step,” she says. “We want to train them so that people get referred to our office before they’re in a crisis state.”

The program is yet another effort to meet an unmet need. In 2016, Brangman created the Sharon A. Brangman, MD ’81 Geriatric Scholarship with the Upstate Medical Alumni Foundation, which supports Upstate medical students interested in the field of geriatrics. “There’s almost an unending need for our services,” she says.

And Brangman continues to grow the department, which recruited an additional physician and nurse practitioner last year and will add three more physicians by summer 2024.

“The more hands we have on deck, the more we can offer to help older adults throughout the continuum of aging—from home, to outpatient, to hospital, to nursing home, and new discovery through clinical trials.” ■